

CONTACT LOG

Date: _____

Recipient Name: _____

Medicaid ID Number: _____

Service Coordinator: _____

Agency: _____

Phone Number: _____

Fax Number: _____

[illegible]

1

GUIDELINES for IMPACT Plus Continued Service Review Forms:
CONTACT LOG

- Please begin by providing identifying information so that all forms may be secured with the chart of the recipient.
- List every contact between the client/family and all providers that occurred during the previous authorization period. This authorization period spans from the first to the last authorized date of services.
- The form requires that you document the following information:
 - Date: the date on which the contact occurred
 - Provider: the provider with whom the client/family had contact. This should include the name and educational degree of the provider if applicable (for individual, collateral and group services). For all other services, the facility should be indicated.
 - Modality: the type of contact between the provider and client/family. This should correspond to the type of service that was authorized (e.g. partial hospitalization, individual therapy).
 - Length of Session: the amount of time the provider spent in that contact. Services were authorized in units, and this length of session should correspond to the pre-approved units.
- The purpose of this contact log is to track compliance with key regulations and the authorized service plan. If services are not provided as authorized, a rationale should be given. For example, the use of fewer services may be due to the cancellation of sessions by clients or the inability of the provider to schedule these sessions.